

FILED 14 APR '22 10:28 USDC-ORP

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

\_\_\_\_\_  
DIVISION

Tera Harris

(Enter full name of plaintiff)

Plaintiff,

v.

Civil Case No. 3:22-cv-00570-MK  
(to be assigned by Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL  
RIGHTS (PRISONER COMPLAINT)

Multnomah Sheriff's department  
city central concern

Jury Trial Demanded

☒ Yes

☐ No

\_\_\_\_\_  
(Enter full name of ALL defendant(s))

Defendant(s).  
\_\_\_\_\_

I. PARTIES

List your name, address, and telephone number below, and the same information for each defendant. Make sure that the defendant(s) listed below are identical to those contained in the caption of the complaint. Attach additional sheets of paper if necessary.

Plaintiff

Name: Tera Harris

Street Address: 11540 NE Inverness Dr

City, State & Zip Code: Portland, Oregon 97220

Telephone No.: \_\_\_\_\_

Complaint for Violation of Civil Rights (Prisoner Complaint)  
[Rev. 01/2018]

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Defendant No. 1

Name: Multnomah County Sheriff's Department  
Street Address: 1120 SW 3rd Ave Room 209  
City, State & Zip Code: Portland, Oregon 97204  
Telephone No.: 503 988-3714

Defendant No. 2

Name: City Central Concern  
Street Address: 220 NW Conch St  
City, State & Zip Code: Portland, Oregon 97206  
Telephone No.: \_\_\_\_\_

Defendant No. 3

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

Defendant No. 4

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

## II. BASIS FOR JURISDICTION

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. You are bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

Concern Dr's Letter stating Plaintiff was  
 at a high risk to Catch SARS-Covid-  
 and any other disease and the medication  
 is very dangerous I was placed in custody  
 discriminating against my disabilities  
 and the treatment I was receiving.  
 The treatment that I receive is a life or  
 death treatment per to plaintiff's sickness

### Claim III

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

City Central Concern and the Sheriff's Department  
 had me sign ROI before entering into  
 the program, but also stated I did  
 not sign one or failed to sign  
 this to me on the guide lines to get into  
 any program being its funding. I have been  
 placed back in jail and have been in and  
 out of the hospital, I have been placed  
 at even more of risk than before being  
 placed in quarantine on libel which is a direct violation  
 of my Medical Bill of Rights and American Disability Act  
 (If you have additional claims, describe them on another piece of paper, using the same  
 outline.) Under 42 U.S.C. 1983, Plaintiff was discriminated  
 against and retaliated on due to medical illness and treatment.

B. What federal constitutional, statutory, or treaty right(s) is/are at issue?

Medical Bill of Rights, Disability Rights,  
Discrimination, 8, 15, 4, 14,  
Americans with Disabilities Act, false claims

### III. STATEMENT OF CLAIMS

#### Claim I

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

Plaintiff was placed on GCS monitor by  
Multnomah County Sheriff's Department  
and was on bond placed with City Central  
Concern HHR Program for Housing and  
to do programs. Plaintiff was receiving  
Immune Therapy medication and was  
admitted to the hospital every other week  
for Therapy medication. Per Dr's orders  
Plaintiff could not be around a group of people  
due to SARS-CoV-2 19 and medication being very  
life threatening. Plaintiff was placed back in custody

#### Claim II

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

Plaintiff was placed back in custody  
after Plaintiff had given City Central

#### IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

I have filed for administrative relief as to all claims in Section III and have concluded all administrative appeals available to me.

☒ Yes

☐ No

#### V. RELIEF

State briefly exactly what you want the court to do for you and the amount, if any, of monetary compensation you are seeking. Make no legal arguments. Cite no cases or statutes.

Plaintiff is seeking 500,000 in damages  
Punitive, Monetary, and declaratory  
relief. For loss of Liberty and Life, and  
freedom <sup>from</sup> cruel and unusual punishment,  
mental and emotional stress

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of April, 2022.

Isa Harris  
(Signature of Plaintiff)